FUNDS FOR EQUIPMENT

FINANCING APPLICATION FOR COMMERCIAL CUSTOMERS

Legal Business Name: _____ **Date:** _____

Business Address (City, State, Zip): _____

Business Phone: _____ **Contact Person/Title:** _____

Contact Email: _____

Business Ownership (circle one): *Sole Prop Corp Partnership LLC Other* _____ **F.I.D.#:** _____

Business Start Date: _____ **in State of:** _____ **Annual Gross Income:** _____

Owners / Officers / Partners

This information may be used to check the personal credit of individuals listed. Please include all principals if the company is closely held.

1) Full Name: _____ **Social Security #:** _____ **Title:** _____

Home Address (City, State, Zip): _____

Cell Phone: _____ **Date of Birth:** _____ **Ownership %:** _____

2) Full Name: _____ **Social Security #:** _____ **Title:** _____

Home Address (City, State, Zip): _____

Cell Phone: _____ **Date of Birth:** _____ **Ownership %:** _____

It is expressly understood that this constitutes an application only and shall not be binding upon either party. Additionally, I / we authorize Precision Lending Partners, Inc. d/b/a Funds For Equipment (and its designee or asignee) to perform personal credit investigations on the corporate principals, partners, or proprietors listed above. By providing a telephone number for a cellular phone or other wireless device, you and any guarantors are expressly consenting to receiving communications at that number, including, but not limited to, text messages and voice calls. This Express Consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose. These calls and messages may incur access fees from your cellular provider. In addition, any email addresses provided will be used by Precision Lending Partners, Inc. d/b/a Funds For Equipment (and its designee or assignee) for communication and marketing purposes.

Signature: _____ **Title:** _____ **Signature:** _____ **Title:** _____

Applicant's Signature Required *Co-Applicant's Signature Required (if any)*

Dealer-Supplier-Vendor Name / Sales Contact Information / Terms Requesting

Dealer-Supplier-Vendor Name: _____ **Contact:** _____

Phone #: _____ **Email:** _____

Equipment Description: _____ **New or Used** *(please circle one)*

Sale Price $: _____ **Terms Requesting (in months):** *12 24 36 48 60 (please circle terms requesting)*

Financing Provided and Administered by Precision Lending Partners, Inc. d/b/a Funds For Equipment its successors and/or assigns